PTO/SB/06 (12-04)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										Application or Docket Number		
APPLICATION AS FILED PART I (Column 1) (Column 2)							SMALL ENTITY		OR		R THAN ENTITY	
	FOR NUMBER FILED			NUMB	NUMBER EXTRA		RATE (\$) FEE (\$)]	RATE (\$)	FEE (\$)	
	SIC FEE CFR 1.16(a), (b), or ((c))				1		, ==	1		1	
SEARCH FEE						1			1			
(37 CFR 1.16(k), (i), or (m)) EXAMINATION FEE			<u> </u>	_		1			1			
TOT	CFR 1.16(o), (p), or (TAL CLAIMS CFR 1.16(i))	(4))	minus 2	20 ~ .		1	x =	<u> </u>		x =		
(37 CFR 1.16(i)) INDEPENDENT CLAIMS		IMS	minus 2			\mathbf{I}	x =	<u> </u>	OR		 	
(0) (1) (1)				n and drawings	exceed 100	┨			ł	X =	_	
APPLICATION SIZE sheets of paper, the ap is \$250 (\$125 for small additional 50 sheets or 35 U.S.C. 41(a)(1)(G) a				he application s small entity) for ets or fraction th	ize fee due each ereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
* If t	the difference in c		TOTAL		1	TOTAL						
4	APPLICATION AS AMENDED - PART II 4300 (Column 1) (Column 2) (Column 3)					- -	SMALL	ENTITY	OR	OTHER THAN SMALL ENTITY		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		> RATE (\$)	ADDI- TIONAL FEE (\$)-		RATE (\$)	ADDI- TIONAL FEE (\$)	
퇽	Total (37 CFR 1.16(i))	· 37	Minus	37	= /		x =		OR	х =	/	
MENDM	Independent (37 CFR 1.16(h))	. 7	Minus	<u>" </u>	= /		x =		OR	x =/	/	
AME	Application Size Fee (37 CFR 1.16(s))							1				
	FIRST PRESENT	ATION OF MULTIF	LE DEPEND	ENT CLAIM (37 CF	AIM (37 CFR 1.16(j))		/		OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)	_			_			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	·	Minus	**	=		x =		OR	х =		
	Independent (37 CFR 1.16(h))	•	Minus	***	=		х =		OR	x =		
	Application Size Fee (37 CFR 1.16(s))					1						
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
						_	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
	" If the "Highest I	Number Previous	sly Paid For	y in column 2, writ " IN THIS SPACE ' IN THIS SPACE I	is less than 20.	ent	er "20". · "3".					

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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•	CLAIMS AS (C	i FILED - F olymo 1)		mn 2)	SMALL		OR	OTHER SMALL	
FOR		R FILED	NUMBER		RATE	FEE		RATE	FEE
ASIC FEE						345.00	OR		690,00
TOTAL CLAIMS	36	30 minus 20-		. 12		108-	OR	X\$18=	
IDEPENDENT CL	AIMAS	Minus 3 =		. A		7800	OR	X78=	
KULTIPLE DEPENI	DENT CLAIM P	RESENT	N		+130=	1	OR	+260=	
If the difference i	in column 1 is:	less than zen	o, enter "O" in c	column 2	TOTAL	531-	OR	TOTAL	
. CI	LAIMS AS A	MENDED .	- PART II			- 17.		OTHER	THAN
Complete Strategy	(Cotumn 1)		(Column 2)	(Column 3)	SMALL	WITH S	OR	SMALL	
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Independent	•	Minus	5		X39=		OR	X78=	
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					7014		20	TOTAL ADDIT, FEE	
•	(Column 1)		(Column 2)	(Column 3)	ADOIT. FEI	·		ALATI. PER	
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	• 5	Minus	 5	• -	X39=		OR	X78=	
FIRST PRESE	NTATION OF M	ULTUPLE DEP	ENDENT CLAIM	·	+130=		OR	+260m	
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3 	・フ	Minus	 5	-21	1	200	OR)(78=	
PRRST PRESE	NTATION OF M	ULTIPLE DEP	ENDENT CLAIR		+130=	1		+260=	
* If the entry in colu					10/6		OR	TOTAL	
" If the Trighest Nu	mber Provincely P	eld For 84 THOS wid For DI THUS	SPACE IS ISSUED TO SPACE IS ISSUED TO	no g' enter "g". eo gg' enter "gg".	ADDIT. FEI	<u> </u>	JOR	ADDIT FEE	

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